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li	ARIZONA STATE B	OARD OF HEALTH State File No. 16/
ŀ	1. PLACE OF BIRTH , BUREAU OF VITAL STATISTICS  STANDARD CERTIFICATE OF BIRTH  Registered No. 2-1	
1	County Lela	State arizonal
ĺ	COULTY	or Village
	City / Jay all No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
(If child is not y		If child is not yet named, make
	3. Sex of Child To be answered ONLY 4. Twin, triplet or other in event of plural births. 5. No., in order of birth.	1. Date of birth 1/4N 10, 1929
; ,	8 FATHER	14. MOTHER
	Full name Julia Bruz wella	Full maide Frame ( S. A. Magana)
	9. Residence (Usual place of abode)  // Angalu	15. Residence (Usual place of abode)
1	If non-resident, give place and state.	If non-resident, give place and state.
	10. Color or race	16. Color or race
	Medicau 11. Age at fast birthday. 2 (Years)	Muxillan 17. Age at last birthday 27 (Years)
	12. Birthplace (city or place) Aluce	18. Birthplace (city or place)
5	(State or country) / Missie	(State or country) ( Musica
į	13. Occupation	19. Occupation
3 1 1	Nature of industry ANOW	Nature of Industry Housewife
Ì	20. Number of children of this mother (a) Born slive an	
i	(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive but (c) Stillborn	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breather nor shows other evidence of life after birth.  Signature (Bora slive or stillborn.)  Signature (Bora slive or stillborn.)  (Bora slive or stillborn.)  (Bora slive or stillborn.)		
Filed Day 105, 19,29 2000		Day 105, 19,29 2500 1 Jack
;	Registrar $A = A + A + A + A + A + A + A + A + A + $	Registrar
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